

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Smc</i>		1/10/00
O.I.P.E. CLASSIFIER		48	1/24/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>CMH</i>	67477	02/03/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/1/00
2	✓	✓	1/24/00
3	✓	✓	10/19/03
4	✓	✓	3/25/04
5	✓	✓	0
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	0
20	✓	✓	
21	✓	✓	
22	✓	✓	
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24	✓	✓	0
25	✓	✓	
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27	✓	✓	
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29	✓	✓	0
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If more than 150 claims or 10 actions  
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